



Donation Form

To be used by ACC Partner when collecting monies on behalf of the Program of the ACC.

**Please make checks payable to:
The Angle Charitable Corporation**

*This is a Program of The Angel Charitable Corporation, a recognized 501(c)3 corporation in the state of Nevada and the IRS.
EIN: 88-1072465

Date: _____

Name of Program*: _____

Donor Name: _____

Fill out Donor Address below, or if info. on check is correct, check here:

Donor Address: _____

Donor Phone #: _____ Donor Email: _____

Contact Person: _____ Phone#: _____

(if different from donor)

Special Purpose (if any):

Amount: \$ _____

Were any good or services provided to the donor in exchange for the contribution? Yes No

If Yes, what was the value \$ _____ and provide a description:

Prepared by: _____

Please submit completed, signed form(s) with monies to:

**The Angel Charitable Corporation
203 S. Water Street, Suite 310
Henderson, NV 89015
(702) 202-0745
info@theangelcc.com**

Internal Use Only

Program Name: _____
Amount Deposited: _____
Date Deposited: _____
Fund Balance: _____
ACC Rep. Initials: _____